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APPLICANTS

Frank Forrest Humbles, Conway, SC;

** CONTINUING DATA ***** *None-Sell*** FOREIGN APPLICATIONS ***** *None-Sell*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	SC	DRAWING 4	CLAIMS 12	CLAIMS 2
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

Michael E. Mauney
 Attorney at Law
 P. O. Box 10266
 Southport , NC
 28461

TITLE

Surgical arm positioning pad

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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